

# Foster Family Home - Deficiency Report

Provider ID: 1-510380

Home Name: Melba Sagisi, CNA

Review ID: 1-510380-10

91-1002 Ae Ae Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/3/2021

Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home	Client Care and Services	[11-800-43]
--------------------	--------------------------	-------------

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1 is missing all CG's except CG 1 in several areas. There is no delegation for use of [REDACTED] for any CG

Client # 2 no delegation for CG 4

Foster Family Home	Medication and Nutrition	[11-800-47]
--------------------	--------------------------	-------------

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Unable to locate a [REDACTED] [REDACTED] for client # 2 or 3

Foster Family Home	Client Rights	[11-800-53]
--------------------	---------------	-------------

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) - Unable to locate physicians order for use of [REDACTED] [REDACTED] for client #1 2 or 3

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

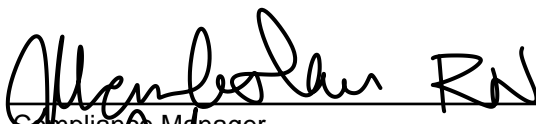
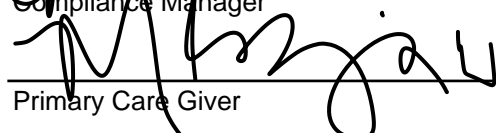
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2) Service plan for client #1 did not address [REDACTED] and service plan does not match actual care in areas of [REDACTED], [REDACTED] devices, [REDACTED], [REDACTED] and safety locks  
service plans have not been signed by client or POA in over 1 year  
Client # 2 has no service plan at all for 3 month since admission to CCFFH. Unable to determine during this inspection if service plan is being followed

54.(c)(6) flow sheet not signed since Aug 21 for client 1 and 2

  
Compliance Manager  
  
Primary Care Giver

9/7/21  
Date  
9/7/21  
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)**  
**Written Corrective Action Plan (CAP)**  
**Chapter 11-800**

PCG's Name on CCFFH Certificate: Melba Sagisi

(PLEASE PRINT)

CCFFH Address: 91-1002 Aieae Street Ewa Beach, Hawaii 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43(c)(3)	RN delegation on all CG except CG #1 for client #1 for several areas done and placed in chart. - RN delegation for [redacted] use for client #1 done and placed in clients chart. - RN delegation for CG #4 on client #2 done and placed in clients chart.	9/15/21 9/10/21 9/10/21	Home will notify CMA for clients that RN delegation needs to be done within a week of a caregiver being added to the home.
47(d)(1)	client #2 and #3 [redacted] done and placed in clients chart	9/10/21 9/10/21	
53(b)(7)	clients #1, 2 and 3 physician order for [redacted] done and placed in clients chart.	9/10/21 9/10/21 9/10/21	Home will obtain [redacted] and [redacted] order upon admission and update order as needed.
54(c)(2)	Service plan for client #1 corrected by CMA and placed in clients chart. - Service plan for client #2 updated and done by CMA and placed in clients chart.	9/15/21 9/10/21	Caregiver will retain service plan and notify CMA if changes needed or correction. will notify CMA when service plan needs to be updated.
54(c)(6)	Flowsheets for client #1 and #2 completed and placed in clients chart.	9/15/21	Caregiver will fill out flowsheets on a daily basis.

☒ All items that were fixed are attached to this CAP -PCG's Signature: Date: 10/3/21☒ CTA has reviewed all corrected items